AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306 http://www.dail.vermont.gov

Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

June 1, 2011

Ms. Jessica Jennings, Administrator Saint Albans Healthcare And Rehabilitation Center 596 Sheldon Road Saint Albans, VT 05478

Provider #: 475021

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **April 26, 2011**. Please post this document in a prominent place in your facility.

We will follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

amlaMCHaRN

Enclosure



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PRINTED: 05/17/2011 FORM APPROVED

OMB NO. 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY Protection AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING **01 - 01 BUILDING** B. WING\_ 475021 04/26/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **596 SHELDON ROAD** SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER SAINT ALBANS, VT 05478 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PRÉFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 000 | INITIAL COMMENTS K 000 A Life Safety Code inspection was completed on 4/26/11. The following are violations of the Life Safety Code regulatory requirements: K 015 NFPA 101 LIFE SAFETY CODE STANDARD K 015 SS=B K015 St. Albans Health & Rehab Center provides Interior finish for rooms and spaces not used for this plan of correction without admitting or corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable denying the validity or existence of the walls, partitions, columns, and ceilings, has a allege deficiencies. The plan of correction flame spread rating of Class A or Class B. (In is prepared and executed solely because fully sprinklered buildings, flame spread rating of it is required by federal and state law. Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1. Residents on the west wing have the 19.3.3.2 potential to be affected by this deficient practice. The wall in the west wing medication This STANDARD is not met as evidenced by: Room was sheet rocked on 4/27/11. Based on observations during a tour of the facility, accompanied by facility staff, inspection A new Maintenance Director was revealed that the West Wing Medical Room has a appointed and education provided wall that has exposed wood framing that violates the interior finish requirements. regarding the life safety regulation K 018 interior finish requirements. K 018 NFPA 101 LIFE SAFETY CODE STANDARD SS=D Doors protecting corridor openings in other than A physical plant inspection check list required enclosures of vertical openings, exits, or has been implemented and will be hazardous areas are substantial doors, such as those constructed of 134 inch solid-bonded core performed weekly by the maintenance wood, or capable of resisting fire for at least 20 director and/or his designee. Results of the minutes. Doors in sprinklered buildings are only inspection will be presented during CQI required to resist the passage of smoke. There is meeting quarterly x 2. no impediment to the closing of the doors. Doors are provided with a means suitable for keeping KO15 POC Accepted 5/31/11 J. Benard / PW Cota PN the door closed. Dutch doors meeting 19.3.6.3.6 ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient projection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K038 POC Accepted 5/31/11 J. Bengral/PWCARTN

K051 St. Albans Health & Rehab Center provides effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or this plan of correction without admitting or extinguishing system operation. Pull stations in denying the validity or existence of the patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of allege deficiencies. The plan of correction nurse's stations. Pull stations are located in the is prepared and executed solely because path of egress. Electronic or written records of it is required by federal and state law. tests are available. A reliable second source of power is provided. Fire alarm systems are All residents have the potential to be maintained in accordance with NFPA 72 and records of maintenance are kept readily available. affected by this deficient practice. There is remote annunciation of the fire alarm system to an approved central station. A new Maintenance Director has been 9.6 implemented with education provided regarding Life Safety regulations of Fire Drills secondary to lack of documentation from previous director. The new Maintenance Director will perform fire drills per Life Safety Regulations and share the results of those drills with This STANDARD is not met as evidenced by: the CQI team quarterly x 2.
KOSI POC Accepted 513111 J. Benard [PWWoturn] Based on observations during a tour of the facility, accompanied by facility staff, inspection K056 St. Albans Health & Rehab Center provides revealed that not all of the required fire drills were completed for the last quarter of 2010 and the this plan of correction without admitting or first quarter of 2011. denying the validity or existence of the K 056 NFPA 101 LIFE SAFETY CODE STANDARD K 056 allege deficiencies. The plan of correction SS=D is prepared and executed solely because

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING 01 - 01 BUILDING		G 01 - 01 BUILDING			
		475021	B. WING			04/26/2011		
NAME OF PROVIDER OR SUPPLIER  SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE  596 SHELDON ROAD  SAINT ALBANS, VT 05478				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION REFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		ULD BE	(X5) COMPLETION DATE	
K 056	Continued From page 3  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5			056	All residents have the potential to be affected by this deficient practice.  The Fire Sprinkler System was inspected on 5/5/11 in conjunction with the city's hydrant flushing. All violations have been resolved.  The new Maintenance Director has a schedule of when inspections have been completed and when they're due. The director will bring the schedule to the quarterly CQI's to keep the team updated on inspection status.			
K 064 SS=D	This STANDARD is not met as evidenced by: Based on observations during a tour of the facility, accompanied by facility staff, inspection revealed that the sprinkler system was inspected on 12/2010 and has violations indicated on the annual inspection sticker. NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10  This STANDARD is not met as evidenced by: Based on observations during a tour of the facility, accompanied by facility staff, inspection revealed that the fire extinguishers were last inspected in July of 2009. This is in violation of		K0	164 164 1064	St. Albans Health & Rehab C this plan of correction withou denying the validity or exister allege deficiencies. The plan is prepared and executed sole it is required by federal and so All residents have the potential by this deficient practice.  All fire extinguishers were instructionally for the pro-Tech.	tehab Center provides without admitting or r existence of the he plan of correction red solely because al and state law.  potential to be affected ce.  were inspected on 4/29/11		
					The new Maintenance Director has a schedule of when inspections have been completed and when they're due. The director will bring the schedule to the quarterly CQI's to keep the team updated on inspection status.			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: WG7G21

Facility ID: 475021

If continuation sheet Page 4 of 6

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Event ID: WG7G21

Results of the inspection will be presented during CQI meeting quarterly x 2.

K147 PDC Accepted 5/31/11 J. Benard (AmotaPN